

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90170 024 \*\*\*150.00

DOCUMENT # P94000053620

1. Corporation Name

BOOKS PLUS OF PALM BEACH COUNTY, INC.



Principal Place of Business

4469 S CONGRESS  
UNIT 109  
LAKE WORTH FL 33461

Mailing Address

4469 S. CONGRESS  
UNIT 109  
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1994

4. FEI Number

65-0510594

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3468 Canal CT

2a. Mailing Address

26 3468 Canal CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tequesta, FL

City & State

28 Tequesta FL

24 33469

Country

25 Palm Beach

33469

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

JOHNSON, HERBERT L  
1605 HWY. ONE SOUTH  
UNIT S8G  
JUPITER FL 33477

we have  
moved

10. Name and Address of New Registered Agent

81 Name Johnson, Herbert L  
82 Street Address (P.O. Box Number is Not Acceptable)  
3468 Canal CT  
83  
84 City Tequesta FL 85 Zip Code 33469

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*Herbert L. Johnson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LOUKO, PATRICIA  
STREET ADDRESS 1605 U.S. HWY. ONE SOUTH, #S8G  
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ DELETE

NAME JOHNSON, HERBERT L  
STREET ADDRESS 1605 U.S. HWY. ONE SOUTH, #S8G  
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ DELETE

NAME SZOKA, TODD  
STREET ADDRESS 1535 STANLEY ST.  
CITY-ST-ZIP NEW BRITAIN CT 06053

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Louko, Patricia  
1.3 STREET ADDRESS 3468 Canal CT  
1.4 CITY-ST-ZIP Tequesta FL 33469

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Johnson, Herbert L  
2.3 STREET ADDRESS 3468 Canal CT  
2.4 CITY-ST-ZIP Tequesta FL 33469

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 8/1-  
247-6836  
Date Daytime Phone #

CR2E034 (1/98)